



Organic Cropping System Plan

BUSINESS NAME:

WSDA ORGANIC CERTIFICATION NUMBER (RENEWAL APPLICANTS ONLY):

COUNTY WHERE BUSINESS IS LOCATED:

STATE WHERE BUSINESS IS LOCATED:

SECTION A. GENERAL INFORMATION [NOP 205.201 AND 205.401]

The National Organic Program (NOP) requires all operations seeking certification to develop an organic system plan that is agreed to by the certified producer or handler and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance.

The organic system plan must include the following:

- A description of practices and procedures - including the frequency with which they will be performed,
- A list and detailed information regarding each substance to be used in organic production or handling,
- A description of the monitoring practices and frequency the practices will be performed,
- A description of the recordkeeping system that demonstrates compliance with the National Organic Program,
- A description of the practices in place to prevent commingling of organic and non-organic products,
- A description of the practices in place to prevent contamination of organic products with prohibited substances,
- Any additional information required by the certifying agent in order to evaluate compliance.

FARM OVERVIEW

1. Please provide a brief description of your farming operation in the space provided below.

2. Please check the boxes that apply to your farming operation.

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Vineyard | <input type="checkbox"/> Orchard | <input type="checkbox"/> Row Crop |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Market Garden | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Dry Land | <input type="checkbox"/> Irrigation | |

CERTIFICATION SUMMARY

1. Do you have a copy of the National Organic Standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a New Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. If, "No," what was the first year you were certified by WSDA Organic Food Program:		
3. Have you previously <i>applied</i> for organic certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. If, "Yes," please list the certification agency, the year the application was made, and the outcome of the application.		
4. If currently or previously certified, did you receive a Notice of Noncompliance or a letter notifying you that in order to maintain organic certification conditions must be met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4a. If, "Yes," please list the noncompliance(s) or condition(s) and state how the issues have been resolved.		



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5. Have you ever been denied certification or had your certification suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5a. If "Yes," please describe the circumstances.			
6. Are you currently certified by an agency Other than WSDA Organic Food Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a. If, "Yes," please list the name of the agency and the first year certified by that agency:			

SECTION B. SEEDS, ANNUAL TRANSPLANTS, AND SEEDLINGS [NOP 205.204]

National Organic Program 205.204 requires that producers use organically grown seed, annual seedlings and planting stock, unless organic produced seeds and planting stock are not commercially available. Commercially availability is defined as "The ability to obtain a production input in an appropriate form, quality, or quantity to fulfill an essential function in a system of organic production or handling, as determined by the certifying agent in the course of reviewing the organic plan." You must maintain documentation verifying the unavailability of organic seed. Seeds treated with a prohibited substance are not allowed.

SEEDS	<input type="checkbox"/> N/A No seeds are used on my farming operation. Skip to Annual Transplants.		
1. Please check all sources of seed used on your farming operation:			
<input type="checkbox"/> Save my own seeds	<input type="checkbox"/> Seed Companies		
<input type="checkbox"/> Provided through contract	<input type="checkbox"/> Other		
2. Please provide the names and contact information for all companies through which you obtain seeds in the space provided below			
3. Do you use only organic seeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Do you request organic seeds when they are available from your seed suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Please describe your attempts to source organic seeds in the space provided below. Include details of the documentation you maintain to verify these attempts.			
NOTE: IF YOU ARE USING SEEDS FOR YOUR FARMING OPERATION AND YOU ARE NOT USING ORGANIC SEEDS, YOU MUST HAVE DOCUMENTATION AVAILABLE AT THE TIME OF INSPECTION TO VERIFY THAT ATTEMPTS WERE MADE TO SOURCE ORGANIC SEEDS.			
7. Are any of the seeds used on your farming operation treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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7a. If, "Yes," please provide information on the seed treatment(s) in the space provided below.

8. Are any seeds genetically engineered? [NOP 205.105 (e)]

☐ Yes

☐ No

☐ N/A

ANNUAL TRANSPLANTS

☐ N/A No Annual Transplants are used on my farming operation. Skip to Perennial Transplants.

1. Do you purchase annual transplants? [NOP 205.204]

☐ Yes

☐ No

☐ N/A

1a. If, "Yes," identify the name and organic certification status of your annual transplant source in the space provided below.

Name

Address

Certification No.:

Certification Agency:

2. Do you produce annual transplants on-farm?

☐ Yes

☐ No

☐ N/A

2a. If, "Yes," please list all ingredients in your soil mix, fertility products, foliar sprays, and other inputs you use on your transplants and seedlings in Section I. Material Information.

3. Are any transplants genetically engineered? [NOP 205.105 (e)]

☐ Yes

☐ No

☐ N/A

PERENNIAL TRANSPLANTS

☐ N/A No Perennial Transplants are used on my farming operation.

1. Do you plan to plant perennials this production season?

☐ Yes

☐ No

☐ N/A

1a. If, "Yes," will you harvest a crop from these perennials within 12 months (one year) of their planting?

☐ Yes

☐ No

☐ N/A

1b. If, "Yes," were the perennials produced in accordance with organic standards?

☐ Yes

☐ No

☐ N/A

1b(l). If, "Yes," please describe how this was verified in the space provided below.



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2. If you use Perennial Transplants on your farming operation, please complete the chart below (include herbs, trees, rootstock, canes, and vines).

Perennial Planting Stock	Source	Organic	Treated	Untreated

SECTION C. SOIL FERTILITY AND CROP NUTRIENT MANAGEMENT [NOP 205.203, 205.205]

The National Organic Program requires producers to implement tillage and cultivation practices that maintain or improve the physical, chemical, and biological condition of the soil and minimize erosion. You must also manage crop nutrients and soil fertility through rotations [205.205 Crop Rotation Standard], cover crops and application of plant and animal material. Additionally, you must manage plant and animal materials to maintain or improve soil organic matter while minimizing contamination of crops, soil or water.

1. Please describe your plan to maintain or enhance soil fertility and crop nutrients on your farming operation in the space provided below.

2. Please check all of the cultivation practices listed below that you implement on your farming operation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Crop Rotation | <input type="checkbox"/> Fallow land | <input type="checkbox"/> Incorporation of crop residues/prunings |
| <input type="checkbox"/> Compost | <input type="checkbox"/> Animal manure | <input type="checkbox"/> Soil inoculates |
| <input type="checkbox"/> Soil amendments | <input type="checkbox"/> Green manure | <input type="checkbox"/> Leguminous crops |
| <input type="checkbox"/> Rock minerals | | <input type="checkbox"/> Foliar fertilizers |

3. Please check all of the tillage practices listed below that you implement on your farming operation.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> No-till | <input type="checkbox"/> Permanent cover |
| <input type="checkbox"/> Minimum till | <input type="checkbox"/> Contour farming or tillage |
| <input type="checkbox"/> Shallow till | <input type="checkbox"/> Moisture monitoring prior to tillage |

4. Please check all of the tillage equipment used on your farming operation.



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<input type="checkbox"/> Chisel Plow <input type="checkbox"/> Disk <input type="checkbox"/> Rototiller <input type="checkbox"/> Harrow <input type="checkbox"/> Moldboard plow <input type="checkbox"/> Rotovator	<input type="checkbox"/> Cultivator <input type="checkbox"/> Grape hoe <input type="checkbox"/> Spader <input type="checkbox"/> Weed badger <input type="checkbox"/> Other: <input type="checkbox"/> Other (please specify):
5. List/Describe all soil types on your farming operation.	
6. Do you have any soil deficiencies on your farming operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6a. If, "Yes," please describe in the space provided below.	
7. Are you experiencing any problems with soil alkalization, erosion, compaction or acidification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7a. If, "Yes," please describe in the space provided below.	
8. Do you plan to use fertilizers, manure, compost, foliar nutrients, growth regulators, crop production aids and soil amendments this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, "Yes," list all materials that you plan to use in Section I. Material Information (Question 2).	
9. Do you plan to apply animal manure? [NOP 205.203 (c)(1)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. If, "Yes," please check all forms of animal manure you plan to use this year.	
<input type="checkbox"/> Raw	<input type="checkbox"/> Aged
<input type="checkbox"/> Composted	<input type="checkbox"/> Chicken manure
<input type="checkbox"/> Cow manure	<input type="checkbox"/> Dairy solids
<input type="checkbox"/> Other:	<input type="checkbox"/> Liquid
	<input type="checkbox"/> Horse manure
	<input type="checkbox"/> Pig manure
10. Do you plan to apply raw, aged, or liquid manure within 90 days of harvest on crops for human consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Do any of your crops have direct contact with the soil?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11a. If, "Yes," do you apply raw, aged, or liquid manure within 120 days of harvest on crops for human consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Do you make compost? If, "Yes," please answer questions 12a – 12g.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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12a. Please list the feedstocks that you use in your compost in Section I. Material Information (Question 3).			
12b. If you are making compost, please check the type of compost that is made:			
<input type="checkbox"/> Compost from crop or food residues	<input type="checkbox"/> Composted animal manure	<input type="checkbox"/> Vermicompost	
<input type="checkbox"/> Compost Tea	<input type="checkbox"/> Aerobically produced compost	<input type="checkbox"/> Other	
12c. Was the initial carbon to nitrogen ratio recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12d. Was a temperature between 131° F and 170° F achieved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12e. Was the temperature maintained for at least 3 days for static aerated piles, and at least 15 days for windrows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12f. If windrows were used, was the compost turned at least 5 times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12g. Please describe the records you maintain of your composting process.			
13. Do you purchase compost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13a. If, "Yes," please complete list all purchased compost products in Section I. Material Information (Question 3).			
14. Please check all fertility management monitoring techniques implemented on your farming operation.			
<input type="checkbox"/> Soil testing	<input type="checkbox"/> Observation of crop health		
<input type="checkbox"/> Microbiological testing	<input type="checkbox"/> Comparison of crop yields		
<input type="checkbox"/> Plant tissue testing	<input type="checkbox"/> Crop quality testing		
<input type="checkbox"/> Observation of soil	<input type="checkbox"/> Other		
15. How often do you take these tests or make these observations? Please answer in the space provided below.			
16. Do you plan to use sodium nitrate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<i>The NOP allows up to 20% of total actual pounds N from sodium nitrate. The European standards do not allow the use of Sodium Nitrate.</i>			

SECTION D. CROP ROTATION AND COVER CROPS [NOP 205.205]

National Organic Program 205.205 requires a producer to implement a crop rotation that maintain or improve soil organic matter, provides for pest management, manages deficient or excess plant nutrients and provides erosion control. These practices can include (but are not limited to) sod, cover crops, green manure, animal rotation or catch crops

1. Do you implement a crop rotation on your farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
1a. If, "Yes," please describe your crop rotation plan in the space provided below.			



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2. Do you plant cover crops on your farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2a. If, "Yes," are cover crop seeds produced organically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2b. If, "No," do you have documentation verifying your attempts to source organic cover crop seeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2c. Are all cover crop seeds untreated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. For perennial crops (orchards, vineyards, other perennials) please describe the ground cover and/or cover crops used on your farming operation in the space provided below			

SECTION E. NATURAL RESOURCES & WATER [NOP 205.200]

National Organic Program requires that an organic producer must implement practices that maintain or improve the natural resources of this operation, including soil and water quality.

1. Please check "Yes" next to the relevant plans you maintain to assist you in managing on-farm natural resources.			
<input type="checkbox"/> WSDA Organic Production System Plan (this document)	<input type="checkbox"/> Farm plan or resource management plan		
<input type="checkbox"/> NRCS Farm Plan	<input type="checkbox"/> Holistic Resource Management		
<input type="checkbox"/> Conservation District Farm	<input type="checkbox"/> Other (please specify):		
2. Is water quality/quantity an issue on your farming operation? If, "Yes," please describe in the space provided below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Is soil erosion/contamination an issue on your farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3a. If, "Yes," please describe in the space provided below.			
4. Please check the ways that water is utilized on your farm.			



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<input type="checkbox"/> None	<input type="checkbox"/> Washing crops
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Greenhouse
<input type="checkbox"/> Livestock	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Foliar sprays	

5. Please check the source of water on your farm.

<input type="checkbox"/> Spring	<input type="checkbox"/> Municipal/county
<input type="checkbox"/> On-site well(s)	<input type="checkbox"/> Irrigation district
<input type="checkbox"/> River/creek/pond	<input type="checkbox"/> Other (please specify):

6. What is the name of your municipal/irrigation district? ☐ N/A

7. Please check next to the irrigation system used on your farming operation.

<input type="checkbox"/> None	<input type="checkbox"/> Wheel line
<input type="checkbox"/> Drip	<input type="checkbox"/> Solid set
<input type="checkbox"/> Furrow	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Center pivot	

8. Do you apply materials through your irrigation system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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8a. If "Yes," please specify the materials in Section I. Material Information (Question 7).

8b. Please list all of the materials you use to clean irrigation lines/nozzles in Section I. Material Information (Question 7).

9. Please check "Yes" next to the practices implemented on your farming operation to conserve water.

<input type="checkbox"/> Micro-sprinklers	<input type="checkbox"/> Scheduled use of water
<input type="checkbox"/> Drip irrigation	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Tensiometer/monitoring	

10. Please describe any additional efforts that you use to enhance biological diversity.

SECTION F. WEED, PEST, AND DISEASE PRACTICE MANAGEMENT PRACTICES [NOP 205.206]

The National Organic Program requires that the producer implement management practices to prevent crop pests, weeds, and diseases. These practices may include crop rotation, sanitation, cultural practices, mechanical methods, and physical methods.



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WEED MANAGEMENT

1. Please describe you plan to prevent weed pressure and monitor weed populations on your farming operation in the space provided below.

2. Please check the weed control methods you plan to use on your farming operation.

- | | | |
|---|--|--|
| <input type="checkbox"/> Mowing | <input type="checkbox"/> Hand weeding | <input type="checkbox"/> Cover crops |
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Prevention of weed seed set | <input type="checkbox"/> Approved Materials (If, "Yes," please list them in Section I. Material Information (Question 6) |
| <input type="checkbox"/> Field preparation | <input type="checkbox"/> Mechanical cultivation | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Soil sterilization | <input type="checkbox"/> Plastic mulch | |
| <input type="checkbox"/> Natural mulch | <input type="checkbox"/> Flame weeding | |

3. Do you maintain records of how often you implement the weed control methods identified above; *i.e.*, *dates and fields when you cultivate or flame weed a specific field?*

☐ Yes

☐ No

☐ N/A

4. Please check "Yes" next to the monitoring practices you implement to determine the effectiveness of your weed management plan.

- | | |
|---|--|
| <input type="checkbox"/> Observation of weeds | <input type="checkbox"/> Records kept of observations/counts |
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Comparison of crop yields | |

5. Please describe the frequency of your monitoring practices in the space provided below.

PEST MANAGEMENT

1. What pests or potential pests do you plan to manage on your farming operation? Please check.



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☐ Rodents

☐ Birds

☐ Gophers

☐ Insects

☐ Nematodes

☐ Mites

☐ Other (please specify):

2. Please describe you plan to prevent pest pressure and monitor pest populations on your farming operation in the space provided below.

3. Do you work with a crop consultant or farm advisor?

☐ Yes

☐ No

☐ N/A

3a. If, "Yes," please provide your consultants name and contact information on the space provided below:

4. Please check "Yes" next to the pest control strategies you implement on your farming operation.

☐ Crop rotation

☐ Traps

☐ Frog ponds

☐ Bat houses

☐ Resistant varieties

☐ Beneficial habitat

☐ Timing of planting

☐ Release of beneficials

☐ Monitoring

☐ Physical removal

☐ Companion planting

☐ Trap crops

☐ Physical barriers

☐ Bird houses

☐ Mating disruption

☐ Other (please specify):

5. Do you maintain habitat for beneficial insects?

☐ Yes

☐ No

☐ N/A

5a. If, "Yes," please describe in the space provided below.

6. Rate the effectiveness of your pest management program.

☐ Excellent

☐ Satisfactory

☐ Needs improvement

7. Please check "Yes," next to the methods you use to monitor the effectiveness of your pest management program.



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- | | |
|---|--|
| <input type="checkbox"/> Pheromone monitoring traps | <input type="checkbox"/> Comparison of crop yields |
| <input type="checkbox"/> Visual observation of insect activity/damage | <input type="checkbox"/> Other (please specify): |

8. Please describe the frequency of your monitoring practices in the space provided below.

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 9. Do you use pest control materials? If, "Yes," please list all pest control materials you plan to use on your farming operation in Section I. Material Information (Question 4). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|--|------------------------------|-----------------------------|------------------------------|

DISEASE MANAGEMENT

1. Please describe you plan to prevent and monitor disease pressure and monitor weed populations on your farming operation in the space provided below. Include specific diseases you manage.

2. Please check the disease prevention strategies implemented on your farming operation.

- | | | |
|--|---|---|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Companion planting | <input type="checkbox"/> Field sanitation |
| <input type="checkbox"/> Resistant varieties | <input type="checkbox"/> Soil balancing | <input type="checkbox"/> Timing of planting/cultivating |
| <input type="checkbox"/> Vector management | <input type="checkbox"/> Compost/tea use | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Plant spacing | | |

3. Rate the effectiveness of your disease management program.

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Needs improvement |
|------------------------------------|---------------------------------------|--|

4. Please check the disease monitoring strategies implemented on your farming operation.

- | | |
|---|--|
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Crop quality |
| <input type="checkbox"/> Comparison of crop yields | <input type="checkbox"/> Other (please specify): |

5. Please describe the frequency of your monitoring practices in the space provided below.

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 6. Do you use disease control materials? If, "Yes," please list all materials in Section I. Material Information (Question 5). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|--|------------------------------|-----------------------------|------------------------------|

SECTION G. SPLIT AND PARALLEL PRODUCTION



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1. Do you produce both organic and conventional crops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
1a. If, "Yes," do you use the same equipment on your organic and conventional crops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
1b. If, "Yes," please describe the procedures implemented to clean-out equipment in the space provided below.			
2. If you produce both organic and conventional crops, please complete the chart below. List all crop varieties that are grown and whether they are organic, transitional, or conventional.			
Crop variety	Organic	Transitional	Conventional
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What portion (percent and acres) of your total production is:			
Organic: _____ % _____ acres			
Transitional: _____ % _____ acres			
Conventional: _____ % _____ acres			

SECTION H. HARVEST, PACKING AND STORAGE, TRANSPORTATION [NOP 205.272]

The NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not contain a synthetic fungicide, preservative, or fumigants. Reusable bags or containers that have been in contact with any substance in such a manner as to compromise the organic integrity unless the bag or container has been thoroughly cleaned. Procedures used to maintain the organic integrity of ingredients or products must be documented.

HARVEST

1. Are any organic crops custom harvested by an outside business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If "Yes," please provide the name of the custom harvester.		
2. How are organic crops harvested?		
<input type="checkbox"/> Mechanical (Go to Question #3)	<input type="checkbox"/> By hand (Skip to Question #5)	<input type="checkbox"/> Other (please specify):
3. How do you ensure there are no non-organic crop residues in harvest equipment?		
<input type="checkbox"/> Equipment used for organic crops only (Skip to Question # 5)	<input type="checkbox"/> Equipment is cleaned prior to organic crop harvest or use	



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4. What type of cleaning documentation is maintained?		
<input type="checkbox"/> Clean truck/equipment affidavits	<input type="checkbox"/> Clean out records	<input type="checkbox"/> Other (please specify):
5. What type of containers are organic crops harvested into?		
<input type="checkbox"/> Bulk trucks/wagons (Skip to Question #7)		
<input type="checkbox"/> Cardboard/waxed boxes	<input type="checkbox"/> Wooden bins	
<input type="checkbox"/> Plastic bins	<input type="checkbox"/> Other (please specify):	
6. Are the harvest containers,		
<input type="checkbox"/> New	<input type="checkbox"/> Used for Organic Crops Only	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Cleaned prior to use	<input type="checkbox"/> Lined prior to use	
7. Please describe how you identify harvest containers as organic.		

PACKING – POST HARVEST HANDLING				
8. Is the organic crop processed at your farm (made into essential oil, canned, pickled, etc.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8a. If, "Yes," please complete a Processor Application packet. Please contact the Organic Food Program office to request a packet.				
9. Is the organic crop packed into retail, wholesale, or shipping containers at your farm?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a. If "No," skip to Question # 20.				
9b. If "Yes," please ensure a copy of all packages or labels making organic claims are submitted to our office for review. You must include labels with your farm or company name as well as any private labels from companies you contract with.				
10. Do you handle or pack organic food products from other organic crop producers?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
10a. If, "Yes," please complete a Handler Application packet. Please contact the Organic Food Program office to request a packet.				
11. Check all cleaning methods used prior to packing or handling organic products.				
<input type="checkbox"/> No Cleaning or Purging Occurs - Skip to Question #14	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Sanitizing		
<input type="checkbox"/> Sweeping or Vacuuming	<input type="checkbox"/> Purging of equipment	<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Soap and water				
12. Please list all cleaning and/or sanitation materials used on food contact equipment and food contact surfaces prior to the handling of organic products in Section I – Question #6 - Post Harvest Materials.				
13. Is the use of cleansers or sanitizers followed by a potable water rinse?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> None Used	
14. Is chlorine, calcium hypochlorite, chlorine dioxide, or sodium hypochlorite used in wash water or flume water during the handling of organic crops?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
14a. If "Yes," how do you ensure residual chlorine levels in water leaving your facility is maintained at or below 4ppm (the maximum chlorine residual limit under the Safe Water Drinking Act) [NOP 205.601]?				



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15. Please describe how you ensure organic products are not commingled with non-organic products during handling and packing ?			<input type="checkbox"/> Not Applicable – Only handling organic products.
16. What type of containers are organic products packed into?			
<input type="checkbox"/> Bulk trucks – Skip to Question #21	<input type="checkbox"/> Wooden bins	<input type="checkbox"/> Cardboard/waxed boxes	
<input type="checkbox"/> Paper Bags	<input type="checkbox"/> Plastic bins	<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Cardboard/waxed boxes			
17. Are all packaging materials and shipping containers food grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18. Have any packaging or shipping containers been exposed to synthetic fungicides, preservatives, or fumigants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19. Are packaging materials or shipping containers reused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19a. If "Yes," please describe how organic products are protected from contamination when placed in the reused container.			
20. Please describe how you identify packages or containers as organic.			

STORAGE			
21. Do you store organic products at your farm?			<input type="checkbox"/> Yes <input type="checkbox"/> No
21a. If "No," Skip to Question # 24 If "Yes," please provide details on your storage areas by completing the following table.			
Use	Location /Name of Storage Area(s)	Type/Capacity	Is Storage Unit Dedicated Organic?
22. Are organic products stored in Controlled Atmosphere (C.A.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Please describe how you ensure organic crops or products are not contaminated with prohibited materials or commingled with non-			



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organic products during **storage**. Please include details on both raw product storage and finished product storage if applicable.

TRANSPORTATION

24. Are you responsible for the transportation of organic crops or finished products leaving your farm?

☐ Yes

☐ No

24a. If "No," please provide the name of the responsible party.

24. How do you ensure organic crops or products are not contaminated during transport?

☐ Transportation equipment is used for organic crops only ☐ Organic products are shipped in sealed packages or containers
(Skip to Section I)

☐ Other (please specify):

☐ Transportation equipment is cleaned prior to organic crop harvest or use

25. What type of cleaning documentation is maintained?

☐ Clean truck/equipment affidavits

☐ Clean out records

☐ Other (please specify):

SECTION I. MATERIAL INFORMATION [205.105]

National Organic Program 205.105 requires that all materials used in organic crop production either be natural substances or be approved synthetic materials listed under the National List of Allowed and Prohibited Substances [NOP 205.601; 205.602]. This includes all fertilizers, crop production aids, and pest control materials that are used on an organic operation.

1. *Planting Mix Ingredients and Greenhouse materials.* In the space provided below, please list all of the ingredients you plan to use in your Planting Mix and the materials you apply to crops being produced in greenhouses.

☐ N/A I do not use a Planting Mix on my farming operation. **Skip to Question 2.**

☐ N/A I do not have a greenhouse on my farming operation. **Skip to Question 2.**

2. *Foliar Fertilizers and Soil Fertility Products.* In the space provided below, please list all of the Soil Amendments, Rock Minerals, Soil Inoculants, and manure you plan to use on your farming operation.



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☐ N/A I do not use a Soil Fertility Products on my farming operation. **Skip to Question 3.**

Material	Crop	Reason For Use

3. *Compost and Compost Products.* In the space provided below, please list all of the compost feedstocks, compost products, and compost product ingredients you plan to use on your farming operation.

☐ N/A I do not use a Compost on my farming operation. **Skip to Question 4.**

Material	Crop	Reason For Use

4. *Pest Control Materials (Insects).* In the space provided below, please list all of the insect Pest Control Materials you plan to use on your farming operation, the crops you intend to use the material on, the reason for its use, and the practices you plan to employ to prevent the need for its use. Include any spray adjuvants that you plan to use.

☐ N/A I do not use Pest Control Materials on my farming operation. **Skip to Question 5.**

Material	Crop	Reason For Use	Preventative Practices

5. *Pest Control Materials (Disease).* In the space provided below, please list all of the disease Pest Control Materials you plan to use on your farming operation, the crops you intend to use the material on, the reason for its use, and the practices you plan to employ to prevent the need for its use.

☐ N/A I do not use Disease Control Materials on my farming operation. **Skip to Question 6.**



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Material	Crop	Reason For Use	Preventative Practices

6. *Pest Control Materials (Other – rodents, weeds, slugs, etc.)* In the space provided below, please list all of the weed Pest Control Materials you plan to use on your farming operation, the crops you intend to use the material on, the reason for its use, and the practices you plan to employ to prevent the need for its use.

☐ N/A I do not use any of these on my farming operation. **Skip to Question 7.**

Material	Crop	Reason For Use	Preventative Practices

7. *Crop Production Aids.* In the space provided below, please list all of the crop production aids (spray adjuvants, growth regulators) you plan to use on your farming operation.

☐ N/A I do not use Crop Production Aids on my farming operation. **Skip to Question 8.**

Material	Crop	Reason For Use

8. *Post Harvest Materials.* In the space provided below, please list all of the Post Harvest Materials you plan to use on your organic crops.

☐ N/A I do not use Post Harvest Materials on my farming operation.

Material	Crop	Reason For Use
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SECTION J. MARKETING

1. Please check all marketing venues used to sell organic crops produced on your farming operation.

- | | | |
|--|---|---|
| <input type="checkbox"/> Farmers market. | <input type="checkbox"/> Community Supported Agriculture shares | <input type="checkbox"/> On-Farm (u-pick, farm stand, etc.) |
| <input type="checkbox"/> Direct sales (restaurants, retail stores, etc.) | <input type="checkbox"/> Processing (sold or under contract) | <input type="checkbox"/> Wholesale |
| | | <input type="checkbox"/> Other: |

2. Please list all wholesalers/packing sheds/processors that handle your products in the space provide below.

SECTION K. RECORDKEEPING

1. The National Organic Standards require records related to an organic product be maintained for five years. Please describe your system for maintaining records related to organic production.

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2. Please indicate where the following records, that pertain to your organic farming operation, are located:

- Material Application Records:
- Material Receipts:
- Sales Records:
- Production Records

THE NOP REQUIRES A SYSTEM PLAN UPDATE EACH YEAR. PLEASE KEEP A COPY OF THIS PRODUCTION SYSTEM PLAN AS A REFERENCE FOR UPDATING YOUR PRODUCTION PLAN IN THE FUTURE.